

AO 240 (REV. 10/03)

UNITED STATES DISTRICT COURT

RECEIVED

Middle

District of

Alabama

2006 FEB 13 A 10: 28

Kurt Taylor
PlaintiffAPPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVITP. Whately et al.
Defendant

CASE NUMBER:

2:06cv135-WKW

I, Kurt Taylor 216804 declare that I am the (check appropriate box)
☒ petitioner/plaintiff/movant ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC § 1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated?
- ☒
- Yes
- ☐
- No (If "No," go to part 2)

If "Yes," state the place of your incarceration _____

Are you employed at this institution? _____ Do you receive any payment from the Institution? _____

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed?
- ☐
- Yes
- ☒
- No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your last employer.

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

Disabled/Handicap

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|------------------------------|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

AO 240 Reverse (Rev. 10/03)

4. Do you have **any** cash or checking or savings accounts?

☐ Yes

☒ No

If "Yes," state the total amount. _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☒ No

If "Yes," describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

None

I declare under penalty of perjury that the above information is true and correct.

2-6-06

Date

Kurt Taylor

Signature of Applicant

NOTICE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

VIII. FOR PRISONER PLAINTIFFS/PETITIONERS ONLY:

A financial statement containing all transactions in your prisoner account for the four (4) months immediately preceding the filing of the Complaint must accompany this Motion. The financial statement must be in the form of a computer printout or bank ledger card prepared by the institution; a notarized financial statement that you prepare; or a financial statement prepared by an authorized officer of the institution. Failure to provide this financial statement information may result in the dismissal of this action.

The requirement to submit the financial statement addressed above does not negate your responsibility to ensure that the Certificate found below is also properly executed and filed.

CERTIFICATE
(Prisoner Accounts Only)

I HEREBY CERTIFY that Kip T. K. Taylor has the sum of \$ 1.00
(Name of Plaintiff/Petitioner)

as of 2/7/06 on account to his credit at the Holman CF
(date)

institution where he is confined. I FURTHER CERTIFY that the above named prisoner

has the following securities to his credit according to the records of this

institution:

Ray Hail
Authorized Officer of Institution

STATE OF ALABAMA
DEPARTMENT OF CORRECTIONS
HOLMAN CORRECTIONAL FACILITY

AIS #: 216804

NAME: TAYLOR, KURT KILPATRICK

AS OF: 02/07/2006

MONTH	# OF DAYS	AVG DAILY BALANCE	MONTHLY DEPOSITS
FEB	21	\$2.00	\$0.00
MAR	31	\$2.00	\$0.00
APR	30	\$6.06	\$20.00
MAY	31	\$1.00	\$0.00
JUN	30	\$1.00	\$0.00
JUL	31	\$1.00	\$0.00
AUG	31	\$1.00	\$0.00
SEP	30	\$1.00	\$0.00
OCT	31	\$1.00	\$0.00
NOV	30	\$1.00	\$0.00
DEC	31	\$1.00	\$0.00
JAN	31	\$1.00	\$0.00
FEB	7	\$1.00	\$0.00